2003 NOT-FOR-PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) Mar 24, 2003 8:00 am Secretary of State **DOCUMENT # N39072** 03-24-2003 90223 042 ****61.25 HIDDEN GLEN SUBDIVISION HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address C/O MICHAEL COSTANZO C/O MICHAEL COSTANZO 70031659 3937 HIDDEN GLEN DR 3937 HIDDEN GLEN DR SARASOTA FL 34241 SARASOTA FL 34241 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 65-0218016 Applied For Zip Not Applicable Country Country 5. Certificate of Status Desired \$8.75 Additional 6. Name and Address of Current Registered Agent Fee Required 7. Name and Address of New Registered Agent. Name COSTANZO, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 3937 HIDDEN GLEN DR SARASOTA FL 34241 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. П Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete TITLE COSTANZO, MICHAEL NAME PATRICK ☐ Addition GRANAM PATRICK. 3966 HTDS BU BLEN DR. NAME STREET ADDRESS 3937 HIDDEN GLEN DR. STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34241 549*1501*7, FL 34241 CITY-ST-ZIP SD TITLE Delete TITLE COSTANZO, MONICA ☐ Addition NAME Gasham DYAWNA STREET ADDRESS 3937 HIDDEN GLEN DR. 3166 HOOEN CLEV DR. STREET ADDRESS CITY-ST-ZIP" SARASOTA FL 34241 CITY-ST-ZIP TITLE Delete TITLE SWEETING, PATRICIA Change NAME Addition NAME STREET ADDRESS 3958 HIDDEN GLEN DR STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34241+ 6003 CITY-ST-ZIP Delete TITLE Change GRAHAM, PATRICK Addition BINGWANNER . JOE NAME STREET ADDRESS 396 HIDDEN GLEN DRIVE 3963 HTOBEN GLEW DR. STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34241 CITY-ST-ZIP ☐ Delete TITLE ☐ Change NAME ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME □ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

CITY-ST-ZIP

SIGNATURE

OSTANZO

FILED